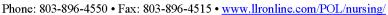




## **South Carolina Board of Nursing**

P.O. Box 12367 • Columbia, SC 29211





# INSTRUCTIONS AND REQUIREMENTS FOR REINSTATEMENT / REACTIVATION OF A SOUTH CAROLINA RN OR LPN LICENSE

### **Compact State Information**

South Carolina is a member of the Nurse Licensure Compact (NLC). The NLC allows a registered nurse or licensed practical nurse licensed in a Compact state to practice across state lines in another Compact state without having to obtain a license in the other state. It is important to remember that the NLC requires nurses to adhere to the nursing practice laws and rules of the state in which he/she practices under his/her Compact license. If a nurse moves from one state to another and establishes residency, the nurse must apply for licensure in that state. In the case of electronic nursing practice (telenursing), the nurse must adhere to the practice standards of the state in which the client receives care. Please visit the National Council of State Boards of Nursing (NCSBN) Web site (<a href="www.ncsbn.org">www.ncsbn.org</a>) for a list of states that have implemented the Compact.

"Primary state of residence" as defined by the Compact means the "person's declared fixed permanent and principal home for legal purposes; domicile." Proof of primary residence may include but is not limited to 1) Driver's license with a home address; 2) Voter registration card displaying a home address; 3) Federal income tax return declaring the primary state of residence. 4) Military Form # 2058 - state of legal residence certificate; or 5) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence. If your primary state of residence is another Compact State, you are not eligible to reinstate or reactivate your license in South Carolina.

### **Information for Applicants**

**Section 40-33-38** If a licensee fails to timely renew his or her license, the license is deemed lapsed at the close of the renewal period, and the licensee may not practice nursing in this State until the licensee is reinstated to practice. The board may reinstate the licensee upon payment of a reinstatement fee and demonstration of continued competency as provided in 40-33-40.

**Section 40-33-20 (31)-**Inactive license means the official temporary retirement of a person's authorization to practice nursing upon the person's notice to the board that the person does not plan to practice nursing or the status of a license that does not currently authorize a licensee to practice nursing in this State.

To apply for reinstatement or reactivation of licensure, applicants must submit a completed South Carolina application for Reinstatement/ Reactivation of a South Carolina RN or LPN License (attached) with the correct fee to the South Carolina Board of Nursing. Submit a cashier's check, money order or personal check made payable to LLR-Board of Nursing. Credit cards or debit cards are not accepted. Applications are maintained for one year; all fees are non-refundable.

### Remember

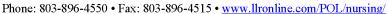
- Complete the attached reinstatement/ reactivation application. Applications completed in pencil will be returned.
- Complete the Affidavit of Eligibility.
- Sign and date your photo and tape along the top edge only onto the photo section of your application. Color or black and white photos are accepted.
- Provide documentation of the continued competency. (Please refer to attached competency requirements)
- Provide copy of current nursing license
- Provide proof of residence (driver's license, voter registration card)
- Complete the Criminal Background Check process. E-mail <a href="MurseBoard@LLR.SC.GOV">NurseBoard@LLR.SC.GOV</a> if you need a fingerprint card mailed to you.
- Any questions regarding reactivation/reinstatement should be directed to the SC Board of Nursing at (803) 896-4550.
- Once all requirements have been received, the license may be reinstated or reactivated. During peak times, the application review/approval process may take longer.

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South Carolina Department of Labor, Licensing and Regulation

### **South Carolina Board of Nursing**

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## **Criminal Background Check (CBC)**

Effective March 2, 2009, an applicant for a license to practice nursing in South Carolina shall be subject to a criminal history background check as defined in <u>40-33-25</u> of the Nursing Practice Act.

This process requires you to furnish a full set of fingerprints and additional information required to enable a criminal history background check to be conducted by the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI). These services are provided by IdentoGO Centers and are operated by MorphoTrust USA.

**Residents of South Carolina** should go online to schedule for fingerprinting services: <a href="http://www.identogo.com/FP/SouthCarolina.aspx">http://www.identogo.com/FP/SouthCarolina.aspx</a> or call (866) 254-2366 for assistance in scheduling. Scheduling services will provide detailed information of forms of identification that will be required.

If you are a non-resident of South Carolina and do not reside in an area near South Carolina, please follow the **Non-Resident Card Scan Processing Procedures** below.

## **Non-Resident Card Scan Processing Procedures**

For applicants that reside out of South Carolina who wish to use the IdentoGO/Morpho Trust USA Centers, you may use these centers that are <u>located in South Carolina only</u>. If an applicant does not reside near South Carolina, they must complete and submit the fingerprint cards by following the directions below. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. The section below details the procedures for submitting fingerprints to the MorphoTrust card scan department. Applicant should contact IdentoGO/MorphoTrust (866-254-2366) to verify the current fee to submit.

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Fingerprints may be submitted on FBI applicant cards. The applicant may call or email the Nursing Board to have the FBI applicant cards mailed to them. Phone: 803-896-4550 or email: <a href="mailto:nurseboard@llr.sc.gov">nurseboard@llr.sc.gov</a>. Due to agency specific information, MorphoTrust USA does not provide fingerprint cards to applicants.
- Applicant should ensure the fingerprint cards are completely filled out. Required information includes:
  - ORI Number: **SC920112Z**
  - Full Name
  - Home Address
  - Place of Birth (State or Country Only)
  - Citizenship

- Social Security Number
- Date of Birth
- o Sex, Height, Weight, Hair Color and Eye Color
- Reason fingerprinted
- Mail the fully completed card and applicable fee (Include full name of applicant on the check) to:

MORPHOTRUST USA ATTN: SC Card Scan 3051 HOLLIS DR SUITE 310 Springfield, IL 62704

Follow-up calls and questions on the processing of a fingerprint card should be made directly to IdentoGO/MorphoTrust at (866) 254-2366 and speak to a customer service representative.

**DO NOT** return fingerprint card or fingerprint processing fee in with your application or to the Board of Nursing. This will delay the processing of your application.

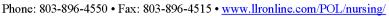
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South Carolina Department of Labor, Licensing and Regulation

# **South Carolina Board of Nursing**

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## REINSTATEMENT/ REACTIVATION APPLICATION

Check all that app	oly: <b>RN</b> or <b>LP</b>	N Disciplined / Re	einstatement or 🗌 F	Reactivation or  Refres	sher		
eligible to reinsta list of Compact S Freedom of Inform purposes is autho information. Sout social security nur databanks establis your licensure ap identification purp	te/reactivate your Soustates. Personal information Act or other prized and mandated but Carolina Law requirements for use in the estable by law. Failure toplication. Social seposes to testing provi	se Licensure Compact. If y ath Carolina Nursing Licen- mation provided in this approvisions of federal and state by state and federal statute dires that every individual tablishment, enforcement are to provide your social security numbers may also ders and organizations involved provided for by law.	se. Please visit www. blication may be subjected aw. The disclosure social security who applies for an odd collection of child rity number for these be disclosed to oth	ect to public scrutiny or of the social security number is not subject to occupational or profession support obligations and for mandatory purposes will be regovernmental regulators.	rmation and a current release under the SC aber for identification disclosure as public al license provide a or reporting to certain result in the denial of ory agencies and for		
Please print. Answ	ver <u>all</u> questions and s	submit with proper fee. Car	eful completion of thi	s application will avoid a	delay in processing.		
Social Security N	umber:						
Full Legal Name_	First	Middle	Maiden (if marr	ied)	Last		
Mailing Address:	Street/PO Box	City	y	State	Zip		
Home Address:	Street (physi	cal address required)	City	State	Zip		
County:		Email Addre	ess:				
Telephone #:		Date of Birth:	Place	of Birth:			
Race: (for statistic	cal purposes only)						
	American Indian	African American	Caucasian Hispa	nic Oriental/Asian [	Other		
Marital Status:	Marital Status: Single Married Widowed Divorced Sex: Female Male						
Declaration of Pa	rimary State of Resid	lence: (where I hold a dri	ver's license, pay taxe	es or vote)			
I declare my prim	ary state of residence	isI plan	to primarily practice	in the state of			
I am in the militar military or federal		ent. I am currently licensed	l in(	state) and I do not intend t	o work outside of		
name change, incl	lude documented proo	ek or personal check, made of (required- marriage licen					
RN/LPN Rein	k only one box below statement of lapsed lic statement with refresh	Attach original re 2 x 2 passport pl					
RN/LPN Reactivation of inactive license - \$50.00 RN/LPN Reactivation with refresher course - \$60.00 RN/LPN Reinstatement of Disciplined license - \$150.00				Sign and date pho left side	oto on		
				Tape on top edge	only		
Rev. 03/2015				Do not staple	}		

	you answer "yes" to any of the questions below (1-11), you must attach a full written explanation pertaining to t articular question.	naı
•	Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority?	□Yes No□
2.	Have you ever been refused or denied the privilege of taking an examination required for any professional license? By any person, hospital, or nursing board in any jurisdiction?	□Yes No□
3.	Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility?	□Yes No□
4.	Have your privileges ever been restricted or terminated by any association, licensed facility, or staff of such facility; Or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures?	☐Yes No☐
5.	To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic?	□Yes No□
6.	Have you ever been arrested, charged or convicted (including a nolo contender plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Board from the abomentioned authorities.	
7.	Currently are you being treated or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice?	□Yes No□
8.	Currently or within the last five years, have you been treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice?	□Yes No□
9.	Currently or within the last five years, have you developed any disease or conditions, physical, mental, or emotional that might interfere with your ability to competently and safely perform the essential functions of practice?	□Yes No□
10	. Have you ever voluntarily surrendered a nursing license?	□Yes No□
11	. Have you practiced nursing, using your South Carolina license, since the license status was placed inactive/lapsed?	□Yes No□
12	. Are you employed as a nurse at this time?	□Yes No□
13	. Please check here if you are trained and willing to volunteer your services during a bioterrorism disaster.	
rea de in	, am the person described are good moral character, and the person named in all documents presented in support of this application. I have an additional that all statements made by me herein are true and correct. Should I furnish any false or incomplete this application, I hereby agree that such act shall constitute the cause for denial or revocation of my licens South Carolina.	ave carefully ny kind and l e information
Sig	gnature of applicant (do not print)  Date	
Pri	inted name of applicant (first, middle, maiden, last)	
Su	abscribed and sworn before me thisday of,	
	(Signature of notary public) My commission expires	
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My Commission Expires:

Rev. 03/2015

# STATE OF SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION



# VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10, et seq. of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification. Section A: LAWFUL PRESENCE in the United States. (Print clearly First, Middle, and Last name) The undersigned \_\_\_\_ (Home Address, City, State, and Zip Code) being first duly sworn deposes and states as follows: Check only one box: I am a United States citizen; or I am a Legal Permanent Resident of the United States eighteen years of age or older; or I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States. Other: Please submit any documentation that supports this status. Date of Birth: I-94 Number: \_\_\_\_\_ Alien Number: (If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.) Section B: ATTESTATION. I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both). I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status. I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit. Signature of Affiant SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ Notary Public for \_\_\_\_\_

#### INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

#### CHECK box 1:

If you are a United States Citizen by birth or naturalization

### CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

### PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

### CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

#### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-688)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

06/28/12 Affidavit of Eligibility

10/05/2012 Revised

# **Competency Requirement**

According to the Nurse Practice Act, Chapter 33, Section 40-33-40:

Demonstration of competency for renewal of an active license biennially requires documented evidence of at least ONE of the following requirements during the licensure period:

- completion of thirty contact hours from a continuing education provider recognized by the board;
   OR
- 2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
- 3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
- 4. verification of competency and the number of hours practiced as evidenced by employer certification on a form approved by the Board.

Reinstatement from lapsed or inactive status of five years or less requires documented evidence of at least one of the following within the preceding two years:

- 1. completion of thirty contact hours from a continuing education provider recognized by the board and successful completion of a course in legal aspects approved by the board; **OR**
- 2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
- 3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
- 4. verification of competency and the number of hours practiced in another jurisdiction where authorized to practice, as evidenced by employer certification on a form approved by the board; **OR**
- 5. \*successful completion of a refresher course approved by the board.

Reinstatement from lapsed or inactive status of more than five years requires documented evidence of at least one of the following within the preceding two years:

- 1. \*successful completion of a refresher course approved by the board, **OR**;
- 2. successful completion of the NCLEX appropriate to the area of licensure.

Demonstration of competency for reinstatement from lapsed or inactive status or licensure of a person who holds a current authorization to practice in another state or jurisdiction in this country or territory or dependency of the United States requires documented evidence of a least one of the requirements in subsection (B) during the preceding two years.

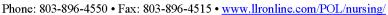
\*Refresher Course Applicants- Competency documentation will be sent directly to the SC Board of Nursing from the refresher program in the form of a certificate of completion. You do not need to remit anything else for competency.



South Carolina Department of Labor, Licensing and Regulation

### South Carolina Board of Nursing

P.O. Box 12367 • Columbia, SC 29211





# EMPLOYER CERTIFICATION Verification of Competency and Nursing Practice Hours Worked

'Competence' means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role. [Nurse Practice Act §40-33-20 (22)]

I hereby authorize the release of this information to the South Carolina Board of Nursing. Please note, the below information must have been within the preceding two years.

Licensee/Employee Signature	Date		
	has worked	hours	
Nurse Licensee Name & Title (please print)	Nursing Practice Hours	110d10 3	
during the period of	through	and ha	
performed his/her duties competently.			
Employer / Representative Signature	Employer Contact Information		
Date	Printed Employer / Representative Name		
	Title		
☐ Initial Licensure	Name of Company		
☐ Reinstatement/Reactivation	Direct Telephone Number		
□ Renewal	bilect relephone Number		
Select the option that fits your intended use for this form.	E-Mail Address		

Rev. 03/2015